



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>333377</b>		2. Name of Corporation <b>McDonald Adjustment Company, Inc.</b>	
3. Street Address Principal Business Office <b>10 Hopkins Avenue</b>		City <b>Johnston</b>	State <b>RI</b>
4. Business Phone No. <b>401-751-7000</b>		5. State of Incorporation <b>Rhode Island</b>	
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Insurance Claims Adjusting</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Timothy McDonald</b>		Vice President Name <b>Thomas F. McDonald</b>	
Street Address <b>10 Hopkins Avenue</b>		Street Address <b>10 Hopkins Avenue</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
Secretary Name <b>Thomas F. McDonald</b>		Treasurer Name <b>Thomas F. McDonald</b>	
Street Address <b>10 Hopkins Avenue</b>		Street Address <b>10 Hopkins Avenue</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>None</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED <b>100</b>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares <b>0</b>	Class/Series <b>Common</b>
		Par Value <b>no par</b>	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	<b>2-23-09</b>
Check No.	<b>7224</b>
By:	<b>MME</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature **Thomas F. McDonald** Date **2-19-09**  
Print or Type Name  
Title **Vice President**